

S/N 10/801,299

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Randall S. Nelson et al.

Examiner: John Fristoe Jr.

Serial No.: 10/801,299

Group Art Unit: 3754

Filed: March 16, 2004

Docket No: 600.657US2

Title: IMPLANTABLE RESERVOIR AND SYSTEM FOR DELIVERY OF A
THERAPEUTIC AGENT

PETITION FOR A THREE-MONTH EXTENSION OF TIME

MS Petition

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

In accordance with the provision of 37 CFR § 1.136(a), it is respectfully requested that a three-month extension of time be granted in which to respond to the Office Action mailed June 21, 2004, said period of response being extended from September 21, 2004 to December 21, 2004.

Please charge Deposit Account No. 19-0743 in the amount of \$510.00 to cover the required extension fee. Please charge any additional fees or credit overpayment to deposit Account No. 19-0743.

Respectfully Submitted,

RANDALL S. NELSON ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. Box 2938
Minneapolis, MN 55402
(612) 371-2117

Date:

9/28/05

By:



Thomas C. Obermark

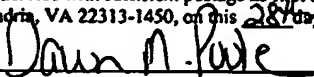
Reg. No. 30,568

10/03/2005 YPOLITE1 00000070 190743 10801299 --
02 FC:2253 510.00 DA

Adjustment date: 01/10/2006 CKHLOK
10/03/2005 YPOLITE1 00000070 190743 10801299
02 FC:2253 510.00 CR

CERTIFICATE UNDER 37 CFR § 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelop addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 28th day of September 2005.

Name



Signature



UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1-10-06</u>		2 Serial/Patent # <u>10/801,299</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT.							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		9-30-05	\$ 510							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 510								
8 TO BE REFUNDED BY:											
		Treasury Check									
		Credit Deposit A/C #:									
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10 REASON:											
<input checked="" type="checkbox"/>	Overpayment										
	Duplicate Payment										
	No Fee Due (Explanation):										
EOT outside six-months statutory period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE:									
<u>Retta Williams</u>		<u>Paralegal</u>									
SIGNATURE:		PHONE:									
<u>Retta Williams</u>		<u>2-3229</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED:		DATE:									
<u>[Signature]</u>		<u>1/10/06</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: